



Medical Billing and Coding Application

Email completed application to Margaret Omwenga
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Course Information:

The Course is **Fully Online**, and the start dates are May 9, 2022, through October 27, 2022.

Tuition and Fees:

\$1000 FOR RESIDENTS OF THE FOLLOWING TOBACCO REGION LOCALITIES:

Counties of Lee, Wise, Dickenson, Buchanan, Scott, Russell, Washington, Tazewell, Smyth, Grayson, Wythe, Bland, Carroll, Floyd, Patrick, Henry, Franklin, Bedford, Pittsylvania, Campbell, Appomattox, Buckingham, Halifax, Charlotte, Prince Edward, Cumberland, Amelia, Nottoway, Lunenburg, Mecklenburg, Brunswick, Dinwiddie, Greenville, Sussex.

*Cities of Norton, Bristol, Galax, Martinsville, Danville, Emporia

\$5500 FOR STUDENTS WHO ARE NOT RESIDENTS OF THE ABOVE TOBACCO REGION LOCALITIES.

Name Information:

Last name *

First name *

Middle Initial

Suffix (Optional)

Contact Information:

Email *

Phone number *

(area code)

Home Address:

Street Address: *

City of Residence *

State of Residence *

County of Residence *

Residence Zip Code *

Mailing Address (if different from Home Address):

Street address

City

State/Region

Country/Region

Zip Code

Citizenship Status: for non-U.S. citizens, provide visa or other proof of status for review.

- U.S. Citizen
- Permanent Resident
- Political Asylum/Refugee
- Temporary Visa
- Other

Do you have a High School Diploma or GED?

- Yes
- No

How did you hear about this Course? *

**The training is intended to be preparatory for successful attainment of a national credential but doesn't provide (articulation) academic credit.*

I certify that the information contained in my application for the Medical Billing and Coding Program at New College Institute (NCI) is accurate and complete to the best of my knowledge. I understand that if false statements are contained in this application, I will be ineligible for admission to the Program and or the Scholarship. I understand I will be notified of the determination of my eligibility for Admission and or the Scholarship.

Scholarship Recipients: Additionally, by signing below I grant permission to NCI to use my photograph, likeness and name in any marketing or public relations material announcing the Scholarship Award.

Signature of Applicant

Date Signed